

Person Filing: (1) _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Case Number _____

Name of Petitioner

MOTION FOR TEMPORARY ORDERS

Check all that apply:

- ☐ For Legal Decision Making and Physical Custody
☐ For Parenting Time
☐ For Child Support
☐ For Spousal Maintenance
☐ For Property and/or Debt
☐ Attorney Fees

Name of Respondent

Before you can file for Temporary Orders, one of the parties (either one) must file a Petition for Divorce, Legal Separation, Annulment, Paternity and Legal Decision Making (Custody), Parenting Time, and/or Support, or if Paternity has already been established, a Petition for Legal Decision Making (Custody), Parenting Time, and/or Support (without Paternity).

By signing your name at the end of this document, you are stating to the court that the information you have provided is true and correct under penalty of perjury.

REQUIRED INFORMATION FROM FILING PARTY

1. INFORMATION ABOUT THE UNDERLYING PETITION:

- A. Date "**Petition**" was filed: _____
B. Type of "Petition filed: (Divorce, Legal Decision Making (Custody), or ?): _____
C. Name of court where Petition was filed: _____
D. Information about court hearing scheduled for that Petition (if hearing is scheduled):
1. DATE and TIME OF HEARING: _____
2. NAME OF JUDICIAL OFFICER TO HEAR CASE: _____
3. LOCATION OF HEARING: _____

2. INFORMATION ABOUT OTHER TEMPORARY ORDERS:

☐ To the best of my knowledge, the following information is true:

- No other court has entered temporary orders regarding what I am requesting.
- No court proceedings are pending for temporary orders regarding what I am requesting.

(If *either* of the statements above is false, **STOP**. Do ***not*** mark the box; do not file this paperwork. This Court will not be able to grant temporary orders in your case.)

3. BASIS FOR REQUEST: This request is based on the best interests of the minor child(ren), and/or on the inability of one spouse to support him or her self or to maintain this action without financial assistance from the other spouse.

4. MY RELATIONSHIP TO ANY MINOR CHILDREN WHO ARE THE SUBJECT OF THIS REQUEST FOR TEMPORARY ORDERS IS:

☐ Mother ☐ Father ☐ Other: (grandmother, friend, or ?) _____

If "Other", my name is: _____ .

Wherever this document refers to "Other" or "Other Party", it refers to me.

INFORMATION ABOUT THE MINOR CHILD(REN) referred to in this Motion:

Name: _____ Name: _____

Birth date: _____ Birth date: _____

Current Address: _____ Current Address: _____

County of residence: _____ County of residence: _____

Father: _____ Father: _____

Mother: _____ Mother: _____

Name: _____ Name: _____

Birth date: _____ Birth date: _____

Current Address: _____ Current Address: _____

County of residence: _____ County of residence: _____

Father: _____ Father: _____

Mother: _____ Mother: _____

AS INDICATED BY WHAT IS WRITTEN AND/OR BY THE BOXES CHECKED BELOW, I ASK THE COURT TO ORDER AS FOLLOWS: (If you do *not* want the court to enter an order for a particular item, do not write in the blank spaces or check any boxes under that item.)

A. TEMPORARY LEGAL DECISION MAKING AND PHYSICAL CUSTODY: The *temporary* care, legal decision making and physical custody and control of the minor child(ren) should be awarded as indicated below:

☐ There having been no "significant" acts of domestic violence, temporary **JOINT LEGAL DECISION MAKING (CUSTODY)** should be awarded to Petitioner and Respondent of the minor child(ren) with parenting time and physical custody ☐ subject the attached Parenting Plan,

OR

☐ **SOLE LEGAL DECISION MAKING and PHYSICAL CUSTODY** should be awarded to the party indicated to the right of the child's name:

Child(ren)'s Name(s)	Petitioner	Respondent	Other
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. TEMPORARY PARENTING TIME should be ordered:

☐ In accord with the attached *Parenting Plan*, OR

☐ As described below: (Be Specific)

TRANSPORTATION.

☐ Petitioner ☐ Respondent or ☐ _____ shall pick up the minor child(ren).

☐ Petitioner ☐ Respondent or ☐ _____ shall return the minor child(ren).

WEEKENDS (explain specifically) _____

SUMMER MONTHS (explain specifically) _____

HOLIDAYS AND BIRTHDAYS (explain specifically) _____

TELEPHONE CALLS (explain specifically) _____

OTHER (explain specifically) _____

C. TEMPORARY CHILD SUPPORT:

☐ In accordance with the **Arizona Child Support Guidelines**, and based upon the Parent's Worksheet for Child Support, the person responsible for paying child support should pay \$_____ per month,

OR

☐ **DEVIATION FROM THE CHILD SUPPORT GUIDELINES, which is appropriate because:**

- ☐ Application of the **Guidelines** is inappropriate or unjust.
- ☐ The parties have signed a written agreement, free of duress and coercion, with knowledge of the amount of support that would have been ordered by the guidelines but for the agreement.
- ☐ Child Support under the Guidelines would have been: \$ _____
- ☐ Child Support after the deviation should be: \$ _____

Other Reasons for Deviation from Guideline Amount:

D. MEDICAL, DENTAL, VISION CARE FOR MINOR CHILDREN:

☐ **Mother** to be responsible for ☐ medical ☐ dental ☐ vision care insurance.

☐ **Father** to be responsible for ☐ medical ☐ dental ☐ vision care insurance.

Non-Covered Expenses: Mother to pay _____%, and Father _____%, of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health charges for the minor child(ren), including co-payments.

SPOUSAL MAINTENANCE, PROPERTY, DEBT, and/or ATTORNEY FEES**E. MEDICAL AND DENTAL CARE FOR OTHER SPOUSE**

☐ **Petitioner** is responsible for providing: ☐ medical ☐ dental insurance for other spouse.

☐ **Respondent** is responsible for providing: ☐ medical ☐ dental insurance for other spouse.

All uninsured medical and dental expenses shall be paid as follows:

_____ % by Petitioner and _____ % by Respondent.

F. SPOUSAL MAINTENANCE/SUPPORT shall be paid by ☐ Petitioner or ☐ Respondent to the other spouse in a reasonable amount as ordered by this Court based on the attached ***“Affidavit of Financial Information.”***

G. ACCESS TO COMMUNITY LIQUID ASSETS (Cash or cash held in financial institutions in Checking, Savings, and other financial accounts from which cash can be withdrawn). Wife and Husband shall have immediate access to community funds in the proportions (or dollar amounts) listed below, held in the named bank or financial institution.

Name of Financial Institution	Name of Account Holder	Total (\$) in Account	% or Dollar amount to Husband	% or Dollar amount to Wife
		\$		
		\$		
		\$		
		\$		

H. DISCLOSURE OF COMMUNITY LIQUID ASSETS (Cash or cash held in financial institutions). The Petitioner and Respondent should be ordered to disclose to the other party and to the court the name of all financial institutions where funds are held; the name in which the account is held; the account number; and the dollar amount in the account. (To guard against identity theft, financial account numbers may be presented on the ***“Sensitive Data Sheet”***, which is not part of the public record.)

I. PAYMENT OF DEBTS should be made as follows:

Creditor's Name (who the money is owed to)	Name(s) on Account	Total Amount Owed	Monthly Minimum Payment	% or \$ to be Paid by Husband	% or \$ to be Paid by Wife
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

- J. EXCLUSIVE USE AND POSSESSION OF PROPERTY** should be granted as follows:
To Petitioner if marked under the “P”; to the Respondent if marked under the “R”.

	P	R
Residence at: (list address) _____		
Car described as: _____		
Other: (describe) _____		
Other: (describe) _____		
Other: (describe) _____		
Other: (describe) _____		

K. ATTORNEY FEES.

Based on the attached “*Affidavit of Financial Information*” ☐ Petitioner or ☐ Respondent shall reimburse the other party for attorney fees for the costs of initiating and maintaining this action in the amount of \$_____.

If the other party contests (files papers to disagree with) these Temporary Orders, he or she shall pay or reimburse the other party for the costs of defending or maintaining these Orders, including:

☐ attorney fees.

☐ court costs

L. LENGTH OF THIS ORDER: This order shall continue (check one box)

☐ Until further order of this court, **OR**

☐ Until (date): _____

DECLARATION UNDER PENALTY OF PERJURY

I declare that the contents of this document are true and correct under penalty of perjury.

Signature

Date

Printed Name